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Practitioner's Docket No. MPI99-130P1RCN1M
(703) 872-9306

PATENT

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Submitted herewith:

Preliminary Amendment Transmittal	(2 pages—in duplicate)
Preliminary Amendment	(3 pages)
Total	Pages (8 pages) (Including this cover sheet)

TO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Practitioner's Docket No. MPI99-130P1RCN1M**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: White, David
 Application No.: 10/666,807 Group No.:
 Filed: September 18, 2003 Examiner:
 For: COMPOSITIONS, KITS AND METHODS FOR PROGNOSTICATION,
 DIAGNOSIS, PREVENTION AND TREATMENT OF BONE-RELATED
 DISORDERS AND OTHER DISORDERS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith for this application is/are:
 - a. This Preliminary Amendment Transmittal (2 pages - in duplicate); and
 - b. Preliminary Amendment (3 pages).

STATUS

2. Applicant is other than a small entity.

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a _____ month extension:

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
 37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

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Practitioner's Docket No. MPI99-130P1RCN1M

Extension fee due with this request \$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate
Total 0 Minus 0 = 0			\$18.00 = \$0.00
Indep. 0 Minus 0 = 0			\$86.00 = \$0.00
First Presentation of Multiple Dependent Claims	0		\$290.00 = \$0.00
Total Addit. Fee			\$0.00

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668. If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address
Direct all future correspondence to:

Customer Number 30405
OR
Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
75 Sidney Street
Cambridge, MA 02139

November 21, 2003**MILLENNIUM PHARMACEUTICALS, INC.**By Kerri Pollard Schray

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